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ABSTRACT

This report presents an overview of the most current data on the overall well-being of Connecticut's youth, offered to promote a shared sense of accountability in the state, to guide current funding and programmatic decisions, and to set a baseline against which to measure the impact of those decisions. This statistical portrait is based on widely accepted measures of youth well being, incorporating both risk and protective factors, antisocial and prosocial behaviors, and survey and archival indicators in the following areas: (1) educational achievement and cognitive attainment, including educational attainment, grade retention, attendance, and enjoyment of school; (2) health and safety, including sexual behavior, delinquency, accidents and injuries, and suicide and attempted suicide; (3) social and emotional development, including volunteerism, parental monitoring, closeness to mother/father, antisocial peers, prosocial peers, spirituality, and self-efficacy; (4) self-sufficiency, including age-appropriate employment; (5) family environment, including poverty, child abuse and neglect, and domestic violence; and (6) community/school environment, including caring school climate, and availability of illicit

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substances. Following descriptions of the methodology and a presentation of state-wide findings, the bulk of the report is devoted to presenting data on youth outcomes and discussing trends in well being. The report concludes that the data depict two distinct pictures of Connecticut youth: one in which youth are faring as well as and sometimes better than their counterparts nationwide; the other in which a significant portion of Connecticut youth are living in poverty, with few assets and exposed to important social risks. The lack of complete and reliable data on Connecticut youth is discussed as a challenge to policymakers, funders, and program directors. The report's two appendices describe the survey methods used and the various data sources, and present expert models of positive youth development outcomes. (KB)

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The State of Connecticut's Youth 2003

Data, Outcomes and Indicators

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Connecticut Voices for Children is a statewide, citizen-based research and policy organization dedicated to enhancing the health and well-being of the state's children, youth and their families. Our programs include rigorous research and policy analysis, a strategic communications program, advocacy partnerships with other organizations, a vibrant Young Policy Fellows internship program, and a close partnership with a lobbying organization that works to effect changes in law and policy in Connecticut. We collaborate with communities, key stakeholders, other nonprofits and policymakers to ensure that all children in our state grow up healthy, nurtured, safe and well-educated..

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"As a nation, what do we want for our children, especially our adolescents? Naturally, we want them to avoid drugs, violence, and crime, and we don't want them to drop out of school or become teen parents. But most parents want something more for their children than simply avoiding serious problems. They want children who are happy and emotionally healthy, who have positive relationships with other people, and who contribute to the community. While parents hold these desires for their individual children, our collective aspirations for youth appear limited to avoiding problems. There is surprisingly little focus in the research literature, in popular discussions, and in policy making on how to promote positive youth development. The trends we track, the data we collect, the programs we fund, and the media images we see focus largely on problem behaviors by adolescents."

Child Trends Research Brief Preventing Problems vs. Promoting the Positive: What Do We Want for Our Children? Moore KA, Halle TG, 5/00

www.childtrends.org/PDF/IK7Brief.pdf

Introduction

Healthy communities produce healthy youth. Such communities value youth involvement, provide multiple supports for families, offer opportunities for prosocial youth involvement, and share positive behavioral expectations for youth. Youth living in communities that share a vision for positive youth development are more likely to grow into healthy adults and make positive contributions to society.

Unfortunately, the well being of our youth has traditionally been assessed using mostly negative indicators. Most of our administrative and archival data are collected on negative risk behavior indicators, such as juvenile crime rates, teen pregnancy rates and dropout rates. Focusing on the positives in youths' lives has only recently come to the forefront of youth development research. Researchers have begun to focus on protective factors, or assets, among youth and their roles as mediators of risk. There is recognition that these strengths can render youth resilient in the face of multiple challenges. They can lead youth to resist participation in antisocial behaviors despite high levels of risk in their lives.

This shift in thinking about youth has led to the advancement of a positive youth development approach to youth programs. In other words, program developers, researchers and policy makers are increasingly focused on building strengths among our youth as an approach to preventing a variety of youth risk behaviors while simultaneously fostering the development of teens who can make valuable contributions to their communities and society as a whole.

Along with this emerging emphasis on positive youth development programming comes a need to develop positive indicators of youth development. A number of researchers have developed lists of youth development outcomes and indicators, most notably Hawkins and Catalano, the Search Institute, the National Academy of Sciences and Institute of Medicine, and Child Trends (see Appendix A). We looked to each of these sources for guidance on the most appropriate youth outcomes and indicators to include in this report. However, there is a lack of consensus among the youth outcomes recommended by each of these groups. In other words, there is no one "core set" of youth development indicators. Child Trends, a Washington, DC-based child and adolescent research group, has been at the forefront of an effort to address the inconsistencies among youth

indicator lists and to develop such a core list of indicators.

In 2001, Child Trends commissioned Hair and colleagues to examine the research on youth development and youth outcomes, giving special weight to studies conducted with rigorous experimental or longitudinal multivariate designs. They developed a "generic model" of youth development as it relates to youth outcomes, identified those outcomes that, if targeted by community programs, are most likely to "make a difference" for youth, and generated a list of psychometrically validated instruments to be used in measuring each of these outcomes at age-appropriate levels. Child Trends also developed a Youth Outcomes Grid that provides an overview of youth outcome indicators for the youth development field.[1]

More recently, Child Trends partnered with the Chapin Hall Center for Children to host representatives from 14 states for a youth indicators workshop. The goals of this initiative were to help guide the states in developing common indicators related to youth well being, develop a common language about positive youth development, and attempt to limit the number of youth outcomes and indictors measured by states to those most "malleable" or susceptible to change.[2] This workshop was followed by a national meeting of youth development researchers,[3] who were charged by Child Trends with identifying the key components of positive youth development, developing valid and reliable indicators of positive youth development, and examining the association between these indicators and the actual well-being of children and youth.

In an effort to maintain consistency with this national effort, we have adopted the language and structure generated through this series of initiatives for presenting youth outcomes and indicators throughout this report.

The State of Connecticut's Youth report presents an overview of the best available and most current data on the overall well-being of Connecticut youth today.[4] These data offer a picture of our youth that can be used to promote a "shared sense of accountability", guide current funding and programmatic decisions and set a baseline against which to measure the impact of these decisions in the future. Without accurate data and benchmarks, those who work with youth in Connecticut are left guessing about priorities for improving the lives of teens in the state and the impact of their present work.

In collecting these data, we have selected a series of outcomes

[1]This grid can be found at http://www.childtrends.org/PDF/Compendium_Phase1_Intro.pdf.

[2]For more information, see http://www.chapin.uchicago.edu/YouthIndicators/Index.html.

[3]Information about this conference can be found at *http://www.childtrends.com/meeting_schedule/PosYouthDConf_agengda.asp*

[4]Often, the most current data available from public sources are several years old. The data included in this report are the most current available as of June 2003.

and indicators that are widely accepted measures of youth well-being (Appendix E). These measures assess both risk and protective factors, antisocial and prosocial behaviors, and include youth survey data and archival indicators. It is hoped that this combination of measures and resources will provide a balanced view of the state of Connecticut youth today. Unfortunately, we do not have data for many indicators of positive youth development. Moreover, much of the data that are available are outdated or limited in their generalizability. For instance, the last representative survey of Connecticut youth was conducted in 1997—more than five years ago. Data from a more recent survey of youth conducted through the Governor's Prevention Initiative for Youth (GPIY, 2000) are presented throughout this report. However, these data are limited in their generalizability, since only GPIY-funded towns were included in this survey[1].

At the writing of the final draft of this report (June 2003), a new statewide survey of youth is being completed by the Connecticut State Department of Public Health. This survey is part of a national initiative to monitor youth indicators by the Centers for Disease Control and Prevention, called the Youth Risk Behavior Surveillance (YRBS) System. Approximately 2,000 students from 60 different public and vocational-technical high schools from 53 different school districts in Connecticut are being surveyed as part of this effort. Responses from these students will be weighted to reflect the demographics of high school students throughout Connecticut, so that the survey will yield statewide representative data. The YRBS was also conducted in Connecticut in 1997 and 1999, but not 2001. Since the 1999 survey was not considered representative, this current survey is expected to provide the first representative data on youth behaviors in Connecticut in six years. [2]

We hope that this report and others to follow on youth outcomes in Connecticut will stimulate discussion about how to monitor the state of Connecticut's youth on a more regular basis. Any such effort should include broad collaboration among state policymakers, researchers and program developers to ensure that data are gathered efficiently and reliably, while limiting the burden on youth, schools and families. A collaborative effort can also help address important barriers to collecting data on Connecticut's youth, such as identifying appropriate financial and human resources and addressing public concerns about youth assessment.

[1]For a list of these towns, visit the GPIY 2000 web site: http://www.dmhas.state.ct.us/sig/studentsurvey2000.htm

[2]While eight new asset-based questions were added to the survey in 2003, many of the positive outcomes in this report are not represented in the survey. For more information on this survey, contact the Connecticut Department of Public Health.

Methodology

Throughout this report, we rely primarily on youth surveys conducted by the Governor's Prevention Initiative for Youth and the Connecticut Department of Public Health. However, because these surveys provide an incomplete and sometimes outdated view of Connecticut youth, surveys of teens living in some of Connecticut's larger cities -- New Haven, Bridgeport, and Waterbury (all Educational Reference Group[1] (ERG) I)—are also included. Where possible and appropriate, data on youth living in these cities are contrasted with data from an affluent suburb and a small urban city.[2]

The following abbreviations are used in citing the youth surveys referenced in this report:

- **YRBS 1997, 1999:** Youth Risk Behavior Survey
- **GPIY 1997, 2000:** Governor's Prevention Initiative for Youth Survey
- **VCY 1996:** Voice of Connecticut Youth Survey
- **SAHA 1996, 1998, 2000:** New Haven Social and Health Assessment
- **GBPS 2001:** Greater Bridgeport Profiles of Youth survey
- **WMS 2002:** Waterbury Middle School Survey
- **WAS 2000:** Waterbury After School Survey

Additional information on each of these surveys can be found in Appendix A.

Archival indicator data were obtained from:

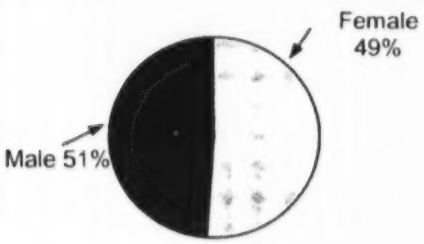
- **Census 2000** (US Bureau of the Census)
- State administrative databases/reports:
  - ◊ **Strategic School Profiles** (SSP, Connecticut Department of Education)
  - ◊ **Vital Statistics** (Connecticut Department of Public Health)
  - ◊ **Uniform Crime Reports** (Connecticut Department of Public Safety)
- ***Kids Count 2002/2003 Data Books*** (Annie E. Casey Foundation)
  - ◊ ***A Tale of Two Connecticut's: Kids Count Data Book 2002-2003*** (Connecticut Association for Human Services)
- **The Connecticut Childhood Injury Prevention Center** at Connecticut Children's Medical Center

[1]The Connecticut Department of Education classifies towns (school districts) into nine Educational Reference Groups, or ERGs, based on a series of sociodemographic variables. Within this classification, towns in ERG A are the most affluent in the state and those in ERG I are the state's poorest cities. For a more detailed description of ERGs and how they are developed, please visit www.csde.state.ct.us/public/der/ssp/terms.pdf.

[2]Using the GPIY Survey, Weston and New Britain were selected to represent an affluent suburb and small urban city, respectively. These communities were selected because they are believed to be representative of towns with similar sociodemographic profiles in Connecticut.

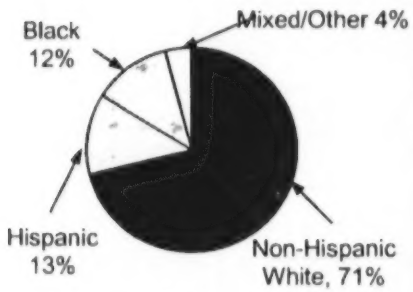
The State of Connecticut Youth: Summary Table	
Number of Youth (10 to 17 years)	374,200
Ages 10 to 17 years, Census 2000	
School Poverty	22%
Percent of students eligible for free or reduced-price meals, SSP 2001-2002	
8th Grade CMT, Reading	66%
Percent of students meeting state goals, SSP 2001-2002	
Cumulative High School Dropout Rate	11%
Class of 2001, SSP 2001-2002	
Juvenile Violent Crime Arrest Rate	319/100,000
Arrests per 100,000 youth, ages 10-17 years, Department of Public Safety, 2001	
Teen Birth Rate	32/1,000
Births per 1,000 females ages 15-19 years, 2000, calculated by authors	
Cigarette Smoking (past month)	35%
Alcohol Use (past month)	50%
Marijuana Use (past month)	26%
High school student self reports, YRBS 1999	
Weapon Carrying (past month)	14%
7th-10th grade student self reports, GPIY 2000	
Physical fighting (past year)	33%
Victim of physical dating violence (past year)	13%
Attempted Suicide (past year)	8%
High school student self reports, YRBS 1999	
Youth Attending 4-year colleges	60%
Youth employed or in Military	17%
Activities of recent graduates, class of 2001, SSP 2001-2002	
Youth unemployed, not in school	7%
16-19 year olds, Census 2000	
Students passing President's Physical Fitness Tests	34%
Percent of students passing all four tests, SSP 2001-2002	
Preventable Teen Deaths	39/100,000
Deaths from accident, homicide or suicide, per 100,000 teens ages 15-19 years, 1995-1999, CAHS	

Figure 1:
Gender Distribution: 2000



Source: 2000 Census

Figure 2:
Race Distribution: 2000



Source: 2000 Census

The State of Connecticut Youth

According to the 2000 US Census, there are 374,200 10- to 17-year olds living in Connecticut. Approximately half of these youth are males and half are females. Most Connecticut youth are white non-Hispanic, while 13% are Hispanic, 12% are black and 4% are of mixed or other races. Only 6% of Connecticut youth in this age group reside in the state's most affluent towns (ERG A), while nearly 20% live in its poorest cities (ERG I).

On average, Connecticut youth fare better than their counterparts in most other states and in the nation as a whole. In its 2003 KidsCount Data Book, the Annie E. Casey Foundation ranked Connecticut 6th in the nation on a composite rank of social health that includes several adolescent indicators. This rank, based on 2000 data (the most recent available), represented a continued improvement since 1999, when Connecticut ranked 12th in the nation on this composite indicator.

Importantly, state averages mask disparities between Connecticut's most affluent communities and urban, inner-city communities, as well as between white youth and racial/ethnic minority youth. Table 1 illustrates some of the key disparities highlighted in this report. These data demonstrate dramatic contrasts between the 6% of youth living in the state's most affluent communities (ERG A) and the 20% living in its poorest communities (ERG I). For example, ERG I students are less likely to pass the 8th grade CMT reading test, are more likely to drop out of high school, are more likely to be arrested for violent crime and are more likely to be teen parents. While the overall picture of Connecticut youth may be a positive one, these data show that a large proportion of the state's poorest children and teens is at risk.

Data from the 2000 GPIY survey show that significant proportions of Connecticut youth, overall, are engaging in risky behaviors. Of 9th and 10th graders who took the survey:

- 24% reported being regular smokers;
- 36% said they had used marijuana;
- 30% had shoplifted;
- 14% reported carrying a weapon in the past month;
- 11% had attacked someone with the intention of hurting them in the past month;
- and 6% had been arrested.

Moreover, 28% of high school students reported binge drinking

Table 1:
Disparities in Youth Indicators

	CT	ERG A	ERG I
School Poverty	22%	2%	63%
% of students eligible for free and reduced-price meals, 2001-02			
8th Grade CMT, Reading	66%	89%	32%
% who meet or exceed state goals, 2001-02			
High School Dropout	11%	2%	23%
Cumulative, class of 2001			
Juvenile Violent Crime	319	44	608
Per 100,000 youth ages 10-17 years, 2001			
Teen Birth Rate	32	2	73
Per 1,000 females ages 15-19, 2999			

Sources: Connecticut Departments of Education and Public Safety

(five or more drinks in a single occasion) in the past month on a separate survey conducted in 1999.(YRBS)

An analysis of Connecticut survey data conducted by Connecticut Voices for Children in one Connecticut city supports the new focus on positive characteristics of youth. The study showed that approximately half of students in one ERG I city (New Britain, 2000) are "on track"—they work hard in school, have a positive view of the future, are not depressed and report no regular use of cigarettes or alcohol. Compared with other youth, these "on track" youth were more likely to report a number of protective factors, or assets, in their lives. Specifically, "on track" youth as compared with other youth, were:

- 4 times more likely to say their family understands them;
- 2.5 times more likely to believe their fathers care about them very much;
- more than 2 times more likely to participate in school clubs or activities;
- 2 times more likely to talk or share an activity with their parents frequently and eat dinner with their families four or more times each week;
- nearly 2 times more likely to participate in sports once or more each week;
- 1.5 times more likely to have participated in religious services in the past week;
- 1.5 times less likely to report having a gun in their homes;
- and nearly 3 times less likely to predict that they would be parents by age 18 years.

Data from a 1996 statewide survey of Connecticut youth are consistent with these findings. However, the statewide data suggest that only 41% of youth in the state may be "on track" (VCY, 1996).

Table 2:
Disparities in Youth Risk Behaviors

	CT	Affluent Suburb	Small City
Cigarettes past month	24%	21%	18%
Alcohol past month	46%	62%	39%
Marijuana past month	22%	23%	16%
Arrested past year	6%	1%	6%
Carried weapons past month	14%	9%	13%
Teen birth rate	32	<16	77
births per 1,000 females ages 15-19 years			
Juvenile Violent Crime	319	0	641
violent crime arrests per 100,000 youth ages 10-17 years			

Sources: GPIY 2000 9-10th graders, YRBS 1999, 9-12th graders, Connecticut Department of Public Health 1999, Connecticut State Police 2001.

Although youth living in Connecticut's poorest communities are more likely to engage in some high risk behaviors, teens in more affluent communities (Table 2) with greater financial resources are more likely to use alcohol and marijuana.

Taken together, these data demonstrate that there are really two Connecticuts: an affluent Connecticut characterized by low poverty, crime and dropout rates, but high levels of substance use, and a struggling, mostly inner-city Connecticut, where youth face numerous risks, such as violence and academic failure. Policymakers in Connecticut have long recognized this dichotomy in the state, a state that boasts the highest per capita income in the nation, yet whose capitol city has the second highest child poverty rate among US cities[1]. One of the greatest challenges in Connecticut is to eliminate the gaps between these two groups by providing equal opportunities for success to all children, youth and families in the state. The data presented in this report can be used as a starting point to monitor the impact of statewide efforts to improve the health and well-being of Connecticut youth.

"Most American adolescents are psychologically, socially, and physically healthy. A vast majority are good citizens who are free of major mental, behavioral, and addictive disorders; an increasing percentage volunteer in their communities; and declining numbers are violent, become pregnant, or smoke. Despite these encouraging facts, adolescence remains a time of considerable change and risk."

Child Trends Research Brief,
Building a Better Teenager: A Summary
of "What Works" in Adolescent Development
Moore KA and Zaff JF 11/02
www.childtrends.org/PDF/K7Brief.pdf

[1]In cities with a population over 100,000. Children's Defense Fund analysis of 2000 Census data. For more information, see www.childrensdefense.org/release020604.php.

Connecticut Youth Outcomes

The remaining pages of this report are dedicated to presenting data on the following youth outcomes:

Educational Achievement and Cognitive Attainment

- Educational attainment
- Grade retention
- High school dropout
- Basic cognitive skills
- School engagement—truancy and attendance
- School engagement—youth enjoyment of school

Health and Safety

- Drugs and alcohol
- Sexual behavior
- Violence and delinquency
- Adequate exercise
- Accidents and injury
- Adolescent suicide and attempted suicide

Social and Emotional Development

- Civic engagement—volunteerism
- Civic engagement—social responsibility
- Positive parent-child relationships—parental monitoring and control
- Positive parent-child relationships—closeness to mother/father
- Positive relationship with an(other) adult
- Feeling that neighbors care
- Feeling that community values youth
- Positive peer relationships—antisocial peers
- Positive peer relationships—prosocial peers
- Spirituality
- Self-efficacy
- Future orientation
- Arts, dance and music

Self-Sufficiency

- Age-Appropriate employment
- Disconnectedness

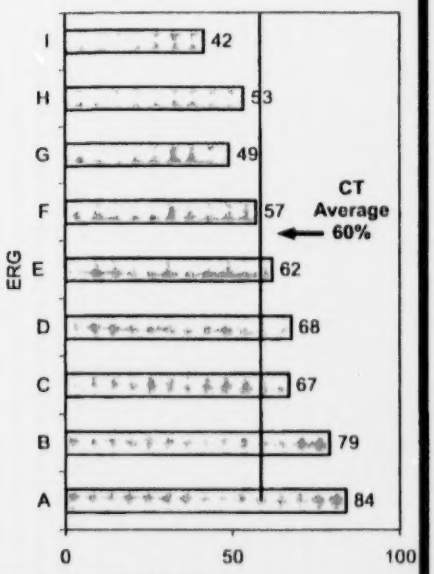
Family Environment

- Poverty
- Family violence—child abuse and neglect
- Family violence—domestic violence
- Family history of alcohol/illicit drug problems

Community/School Environment

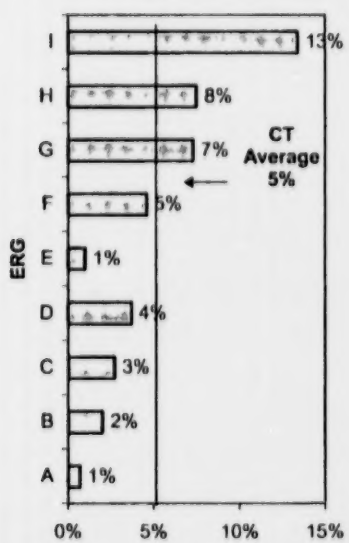
- Positive adult behavior contributing to strong communities—caring school climate
- Positive adult behavior contributing to strong communities—voting
- Community crime
- Availability of illicit drugs, alcohol, and tobacco in the community
- Availability of weapons in the community

Figure 3.
Percent of High School Students who Report Attending 4-Year Colleges by ERG, Class of 2001



Source: SSP 2001-2002

Figure 4.
Percent of High School Students Retained by ERG, 2001-2002



Source: SSP 2001-2002

Educational Achievement and Cognitive Attainment: Educational Achievement

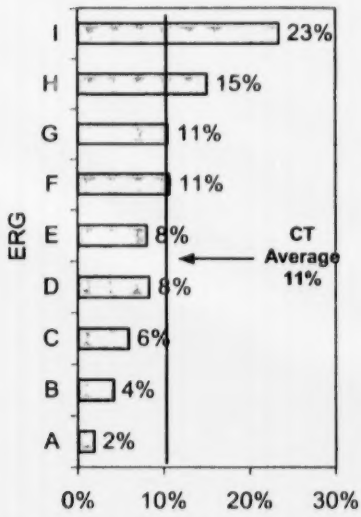
Educational Attainment

The proportion of students who plan to attend four-year colleges is an indicator of both achievement motivation and future orientation. Public school students in Connecticut's most affluent towns are more likely to attend four-year colleges than are those in the state's most needy towns (Figure 3). Specifically, students at ERG A schools are twice as likely as those attending ERG I schools to go on to a four-year college after high school graduation. In 2000, more than two thirds of students in grades 7 through 10 said they want very much to get more education after high school.(GPIY 2000)

Grade Retention

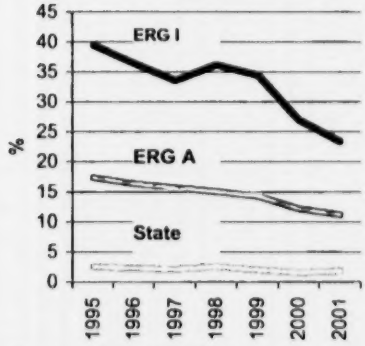
Grade retention, or being held back a grade, can place youth at increased risk of academic failure and high school dropout. After the 2000-2001 school year, 5% of high school students were retained in Connecticut. That year, the high school retention rate ranged from a low of 1% in ERG A and E to a high of 13% in ERG I (Figure 4).

Figure 5.
Cumulative Dropout Rate by ERG, Class of 2001



Source: SSP 2001-2002

Figure 6.
Cumulative Dropout Rate ERG A and ERG I 1995-2001



Source: SSP, 1995-2001

[1]High school dropout is not included among the Child Trends indicators.

[2]The cumulative dropout rate is the proportion of students in a particular graduating class who dropped out of school before graduating. The annual dropout rate is the proportion of all high school students who drop out of school in a particular school year.

High School Dropout[1]

Youth who drop out of school are at increased risk of a number of poor outcomes, including delinquency, drug and alcohol use, early pregnancy ,and future poverty. Youth living in the poorest cities in Connecticut are at the highest risk of high school dropout (Figure 5). In fact, youth attending ERG I schools were at least 10 times more likely than those in ERG A schools to drop out of school before graduating in 2001.

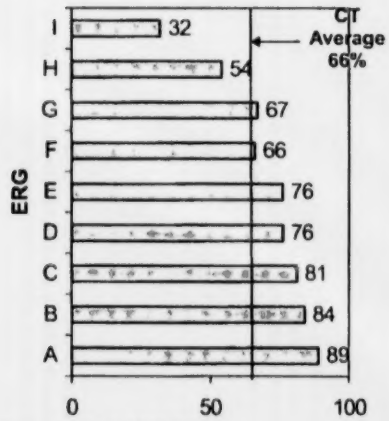
The cumulative dropout rate[2] for the class of 2001 was 11% in Connecticut. Although this represents a steady decline from 1995, when it was 17%, dropout rates in low income areas of Connecticut are still high (Figure 6). Dropout rates were at 23% in ERG I schools in 2001, as compared to 2% in ERG A schools. Nearly one third (31%) of Bridgeport students dropped out that year, while 0% dropped out of Weston schools. In addition, a special study conducted in 1999 found that the annual dropout rate among black students was more than twice the rate in white students, while the cumulative dropout rate among Hispanic students was nearly four times the rate in white students.(Data Bulletin, July 2001, Connecticut State Department of Education)

Table 3.
Students who Report Having at Least a B Average, GPIY 2000

Grade	7-8	9-10
Connecticut (all GPIY towns)	63%	59%
Small city	50%	44%
Affluent suburb	75%	80%

Source: GPIY 2000

Figure 7.
Percent Passing 8th Grade CMT Reading 2001-2002



Source: 2001-2002 SSP

Educational Achievement and Cognitive Attainment: Education Related Skills

Basic Cognitive Skills

Academic success reduces the chances that a teen will drop out of school, a risk behavior associated with unemployment, poverty, as well as criminal activity. Studies also show that students who are failing academically in 8th grade are at greatly increased risk of dropping out of school.

Most Connecticut youth report that they have at least a B average at school (Table 3). However, this proportion varies widely between small cities and affluent suburbs in the state, with the gap increasing as youth enter high school.

Statewide, two thirds of 8th grade students passed the reading section of the 2001-2002 Connecticut Mastery Test (CMT), an important indicator of academic achievement in Connecticut (Figure 7). Large disparities in performance on this portion of the test exist among the state's ERGs. Specifically, only 32% of students in ERG I passed the 8th grade reading test on the CMT in 2001-2002, compared with 89% of students in ERG A—a nearly threefold difference. (SSP 2001-2002)

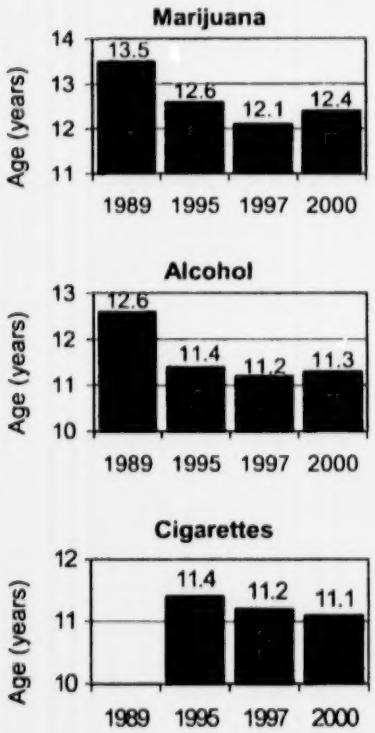
Educational Achievement and Cognitive Attainment: Educational Motivation/Approach Toward Learning

School Engagement-Youth Enjoyment of School

Statewide, 44% of youth reported that they like school most or all of the time in 1996, while in New Haven 76% of students in grades 6, 8 and 10 said that they liked most of their teachers in 2000.(VCY 1996,SAHA 2000) On a 2001 survey of assets among 7th-12th grade students in Greater Bridgeport schools, 57% scored positively on a scale of school bonding, another name for Youth Enjoyment of School. (GPIY, 2001) In a more recent study, 71% of Greater Bridgeport 7th-12th graders scored positively on a scale of achievement motivation in 2001. (PGBY 2001)

Among urban and suburban 9th and 10th graders surveyed in the GPIY, 88% of CT youth reported they try to do good work at school, while 6% say they have given up on school. Ninety-three percent say that it is important to get good grades. (GPIY 2000).

Figure 8.
Age of Initiation of Substance Use Among 8th Graders



Sources: Adolescent Substance Abuse Treatment Needs Assessment (1989), The 1995 Adolescent Alcohol and Drug Use School Survey, Connecticut 1997 Substance Abuse Prevention Needs Assessment, and GPIY 2000

Table 4.
Smoking in GPIY Towns, 2000
(past month)

Grade	7-8	9-10
CT	12%	24%
Small city	16%	18%
Affluent suburb	4%	21%

Source: GPIY 2000

[1]For more information about this analysis, see the Connecticut's Promise report on Child Health, at http://info.med.yale.edu/chldstdy/Ctvoices/kidslink/kidslink2/promise/special3.html.

Health and Safety: Risky Behavior

Drugs/Alcohol

Youth in Connecticut are initiating substance use earlier than they did a decade ago. Today, the initiation of "gateway" substance use, such as marijuana occurs between ages 11 and 12 years (Figure 8). In other words, youth appear to be particularly vulnerable to initiating substance use during the early middle school years.

Table 5 (next page) illustrates that cigarette use is declining among Connecticut high school students, while their use of alcohol and marijuana appears to be on the rise. Additional data also demonstrate that use of each of these substances by youth increases with age.

Smoking

Smoking is an important indicator of other youth problem behaviors, according to an analysis by Connecticut Voices for Children[1]. Compared with nonsmoking youth, teens who smoke are:

- 11 times more likely to drink;
- 8 times more likely to use marijuana;
- 5 times more likely to be sexually active at an early age;
- 5 times more likely to have been in trouble with the police;
- 3 times more likely to experience eating disorders; and
- 3 times more likely to be depressed.

Nearly one third of Connecticut high school students are current cigarette smokers, similar to youth across the nation. (YRBS, 1999) Overall, 15% of Connecticut high school students report smoking nearly every day.

Data from the 2000 survey of towns participating in the GPIY initiative indicate that smoking increases dramatically with age in Connecticut. Ninth and 10th grade students were twice as likely as their 7th and 8th grade counterparts to report smoking cigarettes in the past month (Table 4). Interestingly, smoking appears to begin later in affluent suburbs than in small urban cities in Connecticut. However, by grades 9 and 10, students in the suburbs are smoking as much as, and perhaps even more than, their urban counterparts.

Table 5.
Substance Use in Past Month, YRBS 1997-1999

	1997	1999
Smoking	35%	31%
Drinking	50%	53%
Marijuana	26%	28%

Source: YRBS 1997, 1999

Separate surveys in Greater Bridgeport and New Haven revealed smoking rates of 15% (grades 7-12; GBPS 2000/2001) and 12% (grades 6, 8 and 10; SAHA 2000).[1]

On the Connecticut Youth Tobacco Survey (2000)[2], 10% of middle school students and 26% of high school students reported being current cigarette smokers. Smoking rates were similar among boys and girls in both age groups. In high school, white students were more likely than black or Hispanic students to smoke cigarettes (28%, 26% and 13% respectively).

Alcohol

Half of high school students in Connecticut and throughout the nation are current users of alcohol. Rates of drinking among Connecticut youth were slightly higher in 1999 than in 1997 (Table 5). Fewer Connecticut youth reported binge drinking—consuming five or more alcoholic drinks in a row—in 1999 than in 1997. Specifically, 28% of youth reported getting drunk in 1999 compared with 31% in 1997, a 12% decrease. Nationally, the proportion of youth who reported binge drinking (five or more drinks in a single occasion) in the past 30 days declined 6% during the same period.(YRBS, 1997-1999)

Similar rates of alcohol use were reported by high school students surveyed for the GPIY Initiative in 2000. That year, 46% of teens in grades 9 and 10 reported using alcohol in the past month. Among 7th and 8th graders, nearly one quarter of students reported recent alcohol use, indicating that prevention efforts need to start even earlier. In New Haven and Greater Bridgeport, surveys of middle and high school students revealed alcohol use rates of 28% (grades 6, 8 and 10) and 29% (grades 7-12) in 2000 and 2001, respectively.(GPIY 2000, SAHA 2000 and GBPY 2001)

Marijuana

Nearly half of high school students in Connecticut (45%) and the US (47%) report having used marijuana at least once during their lives (YRBS 1997). Approximately half of these students—one quarter of youth in Connecticut and the US—reported being current users of marijuana in 1999. In 2000, students surveyed for the GPIY Initiative reported rates of marijuana use in the past month of 7% among 7th and 8th graders and 22% among 9th and 10th graders .(GPIY 2000)

[1] It is anticipated that youth smoking rates will drop in coming years in each of these communities as a result of an increase in the cigarette tax in Connecticut (http://www.isms.org/news/tobacco_fact.pdf).

[2]The Connecticut Youth Tobacco Survey (CYTS), conducted by the Connecticut Department of Public Health in the spring of 2000, is the first ever comprehensive survey of tobacco use, access, cessation, knowledge and attitudes, and exposure among Connecticut youth. The CYTS consists of 65 questions developed by the Centers for Disease Control and Prevention for the National Youth Tobacco Survey. It was administered to a representative sample of Connecticut middle (2,089) and high (2,200) school students in both public and private schools. The CYTS was given again in 2002 and the results are expected to be released in the fall of 2003.

Table 6.
Teen Birth Rate, 1999
(births per 1,000 females ages 15-17 years)

Connecticut	**19**
White	**7**
Black	**38**
Hispanic	**65**
Bridgeport	**51**
New Haven	**52**
Hartford	**64**
ERG A	**1**
ERG I	**55**

Source: Connecticut Department of Public Health

[1]In Connecticut Vital Statistics reports, the teen birth rate is expressed as the percent of all births that are to teen mothers. To be consistent with how teen births are expressed nationally by the Centers for Disease Control and Prevention, we expressed teen births as the proportion of all teen girls who give birth. The teen birth rate was calculated for this report by the author (PFC) using the following formula:
Teen birth rate = (# births to 15-19 year olds/ # females age 15-19 years) X1,000

[2]For more information, see http://www.cdc.gov/mmwr/preview/mmwrhtml/00001869.htm)

Sexual Behavior

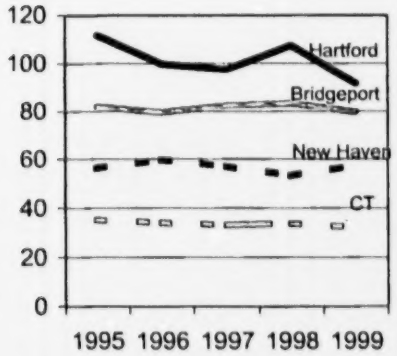
The most recent data available reveals that in Connecticut 1,192 children were born to girls ages 15 to 17 years — that is 19 births per 1,000 girls in this age group. There were 2,192 births to 18 and 19 year old girls. Another 49 births were recorded among girls younger than 15 years.[1] Mirroring national trends, teen births have dropped substantially in Connecticut in the past decade, from a rate of 26 births per 1,000 females ages 15 to 17 years in 1990—a decline of 19%. Moreover, the most recent data show that Connecticut's teen birth rate is 34% lower than the national average (29 births per 1,000 in 1999). (KidsCount 2002) On the other hand, in a recent study, the Right Start study of 55 cities by the Annie E Casey Foundation, Hartford had the highest rate of births to teen amongst all the cities: 25% of all births in the city were to teens.

Important racial and geographic disparities in the teen birth rate remain in the state (Table 6). In 1999, the teen birth rate in Connecticut was five times higher among Black girls and nearly tenfold higher among Hispanic girls than white girls. Overall, 44% of births to teen mothers in Connecticut in 1999 were to Hispanic youth, 26% were to white teens and 24% were to black youth. The teen birth rate is also consistently and markedly higher in Connecticut's largest cities than in the state as a whole (Figure 9, next page). In fact, 57% of all births to 15-17 year olds in Connecticut in 1999 were to girls living in ERG I towns. The teen birth rate among 15-17 year old girls was 55 per 1,000 in ERG I towns as compared to 1 per 1,000 in ERG I towns.

The proportion of high school-aged girls who report having ever been pregnant is approximately twice as high as the actual teen birth rate in Connecticut. On a 1999 survey of Connecticut high school students, 5% of girls reported having ever been pregnant and 7% of students overall reported having either been pregnant or gotten someone pregnant during their lives. By comparison, 6% of youth across the nation, including 8% of girls, reported having either been pregnant or gotten someone pregnant that same year.(YRBS 1997, 1999)

Nearly one-third of Connecticut high school students reported being currently sexually active (had sexual intercourse in the past 3 months) in 1999. Also in 1999, 16% of youth reported having had sexual intercourse with four or more partners during their lives and 9% reported having had sexual intercourse for the first time before age 13 years—two high risk behaviors associated with increased rates of sexually transmitted diseases, including HIV.(YRBS 1997, 1999)

Figure 9.
Teen Births: 1995-1999
Per 1,000 females 15-19 years



Source: State of Connecticut Department of Public Health

In New Haven, 12% of 6th graders, 35% of 8th graders and 48% of 10th graders reported being sexually active in 2000 (Table 7). These rates represent a continued drop in teen sexual activity since 1992 (the first year the SAHA was administered). In 2000, 8% of New Haven 10th graders reported having been pregnant or gotten someone pregnant and 14% reported having had four or more sexual partners in their lifetimes. Of note, Table 7 indicates that early sexual activity in all three grades has been slowly, but steadily, declining in New Haven since 1992.

Questions about sexual behavior have a history of raising controversy over youth surveys in Connecticut. Concern about such public controversy has actually prevented important data on Connecticut youth from being collected at state and local levels. This barrier must be addressed through public education efforts and broad collaboration between state agencies and researchers.

Table 7.
Percent of Youth who Report Being Sexually Active, SAHA 1992-2000

	6th	8th	10th
1992	27%	56%	64%
1994	23%	49%	64%
1996	19%	43%	60%
1998	16%	42%	59%
2000	12%	35%	48%

Source: SAHA 1992-2000

Table 8.
Youth Violence in CT:
YRBS 1997-1999

	1997	1999
Weapon carrying	17%	16%
past 30 days		
Physical fighting	34%	33%
past 12 months		
Injured in Fight	4%	5%
Past 12 months		
Physical dating violence	na	13%
Past 12 months		

Source: YRBS, 1997, 1999

Table 9.
Weapon Carrying in CT:
GPIY 2000 (past year)

Grade	7-8	9-10
CT	14%	14%
Small city	12%	13%
Affluent suburb	14%	11%

Source: GPIY 2000

[1]Chapin Hall places Delinquency in its Social and Emotional Development: Social and Community Relationships category.

Violence and Delinquency[1]

In 1999, Connecticut had the 5th lowest rate of teen violent deaths (deaths due to accident, homicide and suicide among teens ages 15 to 19 years) in the nation. The teen violent death rate has declined consistently in Connecticut since 1994. In 1999, there were 34 violent deaths per 100,000 teens ages 15 to 19 years in Connecticut, down from 51/100,000 in 1990. This decline is consistent with a national decline in this rate since 1990. (Source: KidsCount 2002)

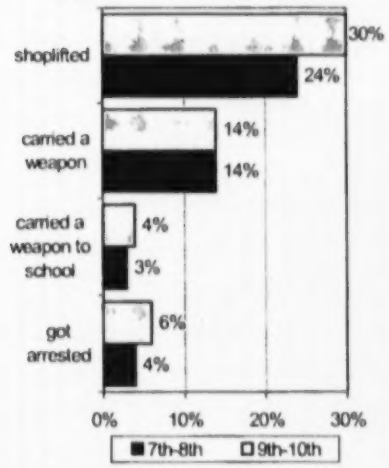
The proportion of Connecticut high school students who reported carrying weapons and getting into a physical fight also declined in 1999 (Table 8). Between 1997 and 1999, the percent of teens reporting these behaviors dropped by 9% and 4%, respectively. During the same period, the proportion of youth who reported getting injured so severely in a physical fight that they required medical attention actually increased slightly. It is unlikely that these changes are significant, but they could indicate the start of trends. Results from the next YRBS administration, in 2003, will help determine if these trends are real. (Source: YRBS 1997, 1999)

Despite these declines, is it important to point out that more than one in six Connecticut high school students reported carrying weapons in 1999. One third said they had been in a physical fight, many of whom were seriously injured as a result. Therefore, youth violence remains an important priority in the state.

Data from the 2000 survey of Connecticut towns participating in the GPIY initiative suggest that weapon carrying behavior among students in the state may be even higher than indicated by the data in Table 9. According to the GPIY survey, 14% of Connecticut students in grades 7-8 and 9-10 carried a weapon in the past year. Smaller percentages of students reported bringing weapons to school in 2000—3% of 7th and 8th graders and 4% of 9th and 10th graders overall. (Source: GPIY 2000)

The 1999 Youth Risk Behavior Surveillance Survey included new questions on dating violence. The proportion of youth who reported being victims of dating violence—being physically hurt by a boyfriend or girlfriend in the past year—was higher in Connecticut than in any other state in the nation in 1999. Specifically, 13% of Connecticut youth reported dating violence, compared with only 9% of youth nationally. (Source: YRBS 1997, 1999)

Figure 10.
Violence and Delinquency Reported by Students in GPIY Towns, 2000 (past year)



Source: GPIY 2000

Table 10.[1]
Hospital Admissions and Deaths due to Assault, 11-17 year olds

Year	Admissions	Deaths
	Males	
1995	82	14
1996	85	13
1997	46	15
1998	55	5
1999	24	6
	Females	
1995	11	1
1996	11	2
1997	7	1
1998	6	3
1999	7	0

Source: CT Childhood Injury Prevention Center

[1]Because the total number of youth in Connecticut changed little during these periods, changes in the *raw number* of events is an accurate reflection of changes in the *rate* of these events during this period

In 2001, the juvenile violent crime arrest rate ranged from a high of 1,129 arrests per 100,000 youth age 10 –17 years in New Haven to a low of 0% in a number of the state's small and affluent towns. This rate was nearly 14 times higher in ERG I towns than in ERG A towns that year (608 versus 44). In the state as a whole, 319 of every 100,000 youth age 10-17 years were arrested for violent crimes in 2000. Juvenile crime, overall, is declining in Connecticut: total juvenile arrests have gone from a high of 1612 crimes in 1996 to 1193 crimes in 2001, a 26% decrease.[1]

Approximately one quarter of students in Connecticut GPIY towns reported shoplifting in 2000. In the survey towns as a whole, 24% of students in grades 7 and 8 and 30% of those in grades 9 and 10 reported shoplifting in the past year. That same year, 4% and 6% of students in these grades, respectively, reported having been arrested by the police (Figure 10). These proportions varied widely between small cities and affluent suburbs in the state.(Source: GPIY 2000)

Similar to national trends, young men are substantially more likely than young women to be victims of assault in Connecticut. As shown in Table 10, male teens are more likely than females to be hospitalized for injuries related to an assault and to be killed as a result of an assault. Importantly, both hospital admissions and deaths due to assault have dropped dramatically since 1995 among both males and females in this age group.

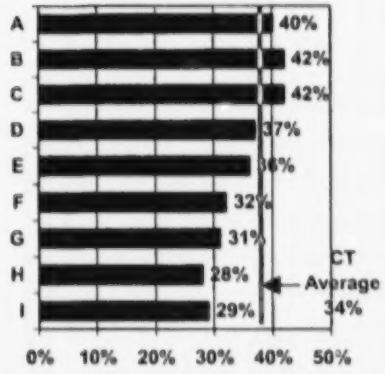
A Note on Juvenile Justice in Connecticut

Connecticut leads the nation in the number of juveniles under 18 years in adult jails and prisons with 366 incarcerated youth—20% more than any other state. In fact, Connecticut alone confines more juveniles in adult prisons than 29 states combined. Importantly, youth placed in adult correctional facilities are at greater risk than youth in juvenile detention facilities of a number of negative outcomes, including recidivism, suicide, sexual assault and physical assault by a staff member or other inmate.

Importantly, minority youth are disproportionately represented in our state's juvenile justice system. In 1997, minority youth comprised 83% of commitments to public facilities and 77% of detention placements in Connecticut.

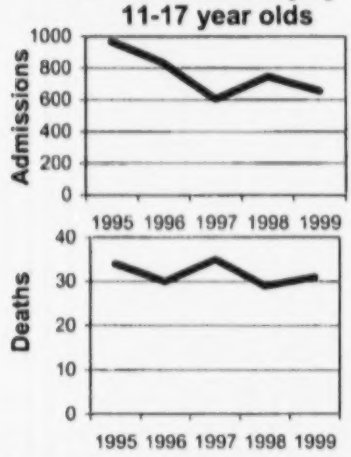
Sources: *Prison and Jail Inmates at Midyear 2002*, U.S. Bureau of Justice Statistics, and *Youth Violence, A Report of the Surgeon General*, Office of the Surgeon General

Figure 11.
Students Passing All Four President's Physical Fitness Tests
2001-2002



Source: SSP, 2001-2001

Figure 12.
Admissions and Deaths Due to Unintentional Injury
11-17 year olds



Source: CT Childhood Injury Prevention Center

[1]Youth participation in sports or exercise is also an indicator of their involvement in pro-social activities. Youth involvement in sports and other positive activities is negatively associated with risky behaviors, such as violence, drug and alcohol use and early sexual activity.

Health and Safety: Youth Health

Adequate Exercise

Student performance on the President's Physical Fitness test is an indicator of adequate exercise and overall fitness. The President's Physical Fitness test includes four tests of strength, flexibility and stamina: mile run, pull-ups, sit and reach, and sit-ups. In 2001-2002, approximately one third of all Connecticut students passed each of these four tests. Students in ERG A schools were more likely to pass the tests than those in ERG I schools, at 40% and 29%, respectively (Figure 11).

The vast majority of New Haven youth—79%--report taking part in sports or exercise some time each *day*, according to a 2000 survey. This proportion has remained relatively steady over the past decade.(SAHA 2000) In the state as a whole, 96% of 7th and 8th graders and 92% of 9th and 10th graders reported taking part in sports or exercise at least some time each *week* in 2000. (GPIY 2000)

A related outcome, youth obesity, is on the rise in Connecticut and in the rest of the nation. In 1999, 9% of Connecticut high school students were obese, defined as being in the 95% percentile for body mass index on the YRBS. Obesity was more prevalent among young men (11%) than among young women (7%) in Connecticut and the US as a whole.

Accidents and Injury

The rate of preventable teen deaths—deaths due to accident, homicide or suicide—is on the decline in Connecticut. Between 1990-1994 and 1995-1999, the rate of preventable teen deaths dropped from 50 deaths per 100,000 teens ages 15 to 19 years to 39 per 100,000. (Connecticut Association for Human Services, 2003). The rate of preventable teen deaths was higher in urban cities than in affluent suburbs, where the number of such deaths was so low that rates could not be calculated.

Figure 12 demonstrates little change in the rate of teen deaths due to unintentional injury alone between 1995 an 1999. However, hospital admissions due to unintentional injury are on the decline, indicating that fewer teens are being injured in accidents, overall. The rate of decline in hospital admissions due to injury has been similar in males and females, dropping by approximately one-third in each group during this period.

Table 11.
Percent of High School Students who Report Attempting Suicide

		1997	1999
Attempted suicide	*All*	9%	8%
	Boys	6%	5%
	Girls	13%	9%
Needed medical attention for suicide attempt	*All*	3%	4%
	Boys	2%	3%
	Girls	4%	4%

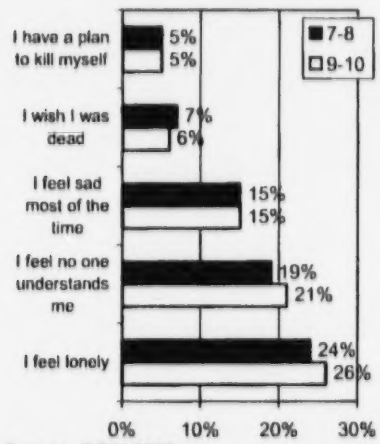
Source: YRBS 1997, 1999

Table 12.[1]
Self-Inflicted Injuries: Admissions and Deaths 11-17 year olds

Year	*Admissions*	*Deaths*
	Males	
1999	31	4
	Females	
1999	88	2

Source: CT Childhood Injury Prevention Center

Figure 13.
Suicide Risk Factors



Source: GPIY 2000

Health and Safety: Youth Mental Health

Adolescent Suicide and Attempted Suicide

In 1998, suicide was the third highest cause of death among Connecticut youth ages 15 to 19 years. Specifically, 19 deaths in this age group were attributed to suicide, accounting for 17% of all deaths among 15– to 19-year olds that year. This number marks an increase in the teen suicide rate in Connecticut, from 6.1 suicides per 100, 000 youth ages 15 to 19 years in 1996 to 9.3 per 100,000 youth in 1998.(Social State of Connecticut 2001)

The vast majority of teens who commit suicide are males—84% in 1998. However, a 1999 survey of Connecticut high school students revealed that girls are actually twice as likely as boys to attempt suicide (Table 11). This disparity is a result of the fact that boys tend to employ more lethal means of suicide—such as firearms—than girls. Overall in 1999, 8% of Connecticut high school students reported attempting suicide in the past year and 4% required medical attention for a suicide attempt. These proportions are similar to national rates of 8% and 3% of students, respectively. In addition, nearly one fifth—18%—of surveyed youth said they seriously considered attempting suicide in last 12 months.(YRBS 1999)

Data from the Connecticut Childhood Injury Prevention Center (Table 12) confirm that teen girls are more than twice as likely as boys to be hospitalized for a self-inflicted injury (suicide attempt), while boys are twice as likely as girls to successfully commit suicide. Importantly, additional data from this source also show that the number of youth who are hospitalized for self-inflicted injuries has dropped by approximately half between 1995 and 1999 (64 to 31 in males; 151 to 88 in females). Because of the small number of teen suicide deaths in Connecticut each year, it is difficult to observe any trends in teen suicide during such a short period.

Many Connecticut youth report that they sometimes feel sad, lonely or depressed (Figure 13). In 2000, 24% of 7th and 8th graders and 26% of 9th and 10th graders agreed or strongly agreed with the statement, "I feel lonely" and 15% of students in the two groups agreed or strongly agreed with the statement, "I feel sad most of the time." (GPIY 2000) In New Haven , 21% of 6th, 8th and 10th graders reported feeling depressed in the past year in 2000 and 18% said they had felt hopeless about the future. (SAHA 2000)

Table 13.
Indicators of Parent-Child Relationships, GPIY 2000

	7th-8th	9th-10th
Parent knows where they are when away from home	91%	88%
Feel very close to parents	88%	81%
Enjoy spending time with parents	82%	75%
Share thoughts and feelings with parents	53%	53%
Go to parents with a problem	14%	9%
Spend one or more hour alone every day	49%	63%

Source: GPIY 2000

[1]Social Responsibility is not one of the outcomes identified by Chapin Hall.

[2]This indicator is called "Provision of parental guidance around acceptable behavior" by Chapin Hall.

Social and Emotional Development: Social/Community Relationships

The structure of the American family is changing, and so are the needs of American youth. Today, nearly 75% of American youth have both parents, or their single parent, in the workforce. (Census 2000) These youth spend 40% of their waking hours outside of school and need positive supports and opportunities for involvement in their communities.

Civic Engagement-Volunteerism

Nearly two-fifths of students who took part in the 2000 GPIY survey also reported spending some time each week (one hour or more) doing volunteer work. Specifically, 39% of 6th and 7th grade students and 38% of 9th and 10th grade students reported volunteering.(GPIY 2000) These rates are higher than in 1996, when 29% of 7th graders, 24% of 9th graders and 27% of 11th graders surveyed reported volunteering at least once each week. (VCY 1996) By comparison, 29% of 8th graders, 30% of 10th graders and 32% of 12th graders nationally reported volunteering at least once a month in 2000. As with arts programs, females were more likely to volunteer than males, by one third in grades 8 and 10 and one half in grade 12.(ChildTrends Data Bank—Monitoring the Future, 2000)

Civic Engagement-Social Responsibility[1]

While no statewide data on youth sense of social responsibility are available in Connecticut, one survey in Greater Bridgeport suggests that some youth in the state have developed this characteristic. In 2001, 28% of 7th-12th grade students scored positively on a scale of social responsibility, while 51% scored positively on a measure of equity and social justice and 59% scored positively on a measure of responsibility, in general. (GBPY 2001)

Positive Parent-Child Relationships-Parental Monitoring and Control[2]

Parental monitoring and control tends to decline as youth transition through the middle and high school years and develop increased independence. Data from the 2000 GPIY survey show that the proportion of youth who spend one hour or more alone, without an adult, after school each day increases by nearly 30% between grades 7 and 8 and grades 9 and 10 (Table 13). Parental monitoring of youth activities declines between these grade levels, although only slightly. On a survey of youth living in Greater Bridgeport, nearly half (43%) scored positively on a

Table 14.
Parent Involvement in Schools
(mostly/definitely true)

	7th-8th	9th-10th
Parents involved in school	36%	33%
Parents ask about homework	87%	75%

Source: GPIY 2000

Relationships are key to adolescent well-being: parent-child interactions and bonding greatly influence adolescents' choices and attitudes; peer relationships—including positive ties among teens—are important; and siblings, teachers, and mentors can provide additional support to young people. Significantly, research indicates that supportive relationships seem to trump lectures that simply tell teens "to do" or "not to do" something as a strategy to enhance adolescent development. Program developers and policy makers should view adolescents as whole people…[and] work to engage teens.

Child Trends Research Brief, Building a Better Teenager: A Summary of "What Works" in Adolescent Development
Moore KA and Zaff JF 11/02
www.childtrends.org/PDF/K7Brief.pdf

scale of family boundaries.(GBPY 2001)

Positive Parent-Child Relationships: Closeness to Mother/ Father

The vast majority of Connecticut youth feel close to their parents, according to data from the GPIY Initiative. In 2000, 88% of 7th-8th graders and 81% of 9th-10th graders reported feeling very close to one or both parents (or guardians) and similar proportions said they enjoy spending time with one or both of their parents (Table 12). Moreover, greater than half of these students reported sharing their thoughts and feelings with their parents. However, only 14% of 7th-8th graders and 9% of 9th-10th graders said that they usually or almost always talk to a parent when they have a problem.(GPIY 2000)

In 2001, 70% of 7th-12th grade students in Greater Bridgeport scaled positively on a scale of family support. However, only 28% reported high levels of positive family communication. (GBPY 2001)

Parent involvement in the schools is another indicator of close parent-child relationships. Approximately one third of Connecticut students surveyed in 2000 said that their parents are involved in their schools and/or school activities (Table 14). However, while nearly half (46%) of 7th and 8th grade students in one affluent suburb said their parents are involved in their school, only one-half as many students (25%) in a small city reported parent involvement. On the same survey, the vast majority of students in both grade levels said that their parents ask them about their homework. In New Haven a 2000 survey revealed that more than 80% of 6th, 8th and 10th graders reported that their parents asked about their homework. Only 31% of New Haven students reported that their parents are involved in their school or school activities. (SAHA 2000) In a separate survey of youth involved in an after-school program in Waterbury, 84% reported that their parents knew how they are doing at school. (WAS 2000)

Positive Relationship with an(other) Adult

Resilient youth—those who succeed despite facing many risks and challenges—tend to have one or more adults in their lives other than parents or teachers who they feel care about them and to whom they can go with problems or concerns. However, among Connecticut's youth only 11% report often/usually/almost always talking to an adult other than a parent or teacher when they have a problem. (GPIY 2000) On the other hand, a survey

Each year, Connecticut Voices for Children honors CT youth for their *resilience in the face of challenge and for their continued commitment to community.*

Here are a few quotes from these remarkable youth:

"Being part of the Fresh Start program has allowed me to grow and change as a person... I also learned how to take care of my own needs... and I fell in love with the person that I am today."

Thikra Musmaker (Hartford)
2002 Youth Spirit Award Winner

"If a child has to learn how to be an adult at a very early age, like me, then his childhood [can be] destroyed and problems can arise that never needed to be there... All youth, no matter what age, need attention."

Mark Lawrence Radtke (Prospect)
2002 Youth Spirit Award Winner

"If an obstacle can be fixed, find a solution. If others can't be fixed, accept them and work around them. But remember that you are very valuable, and there is someone out there who needs you."

Sarah P. Loebelson (Greenwich)
2002 Youth Spirit Award Winner

"(My mentor at AIC) gave me all the positive things I never received in my childhood. He was always positive and I can't describe how much he means to me...I now want to be a DCF worker."

Danielle Lamont (New Britain)
2003 Youth Spirit Award Winner

See "Presenting Kids" online at http://www.ctkidslink.org

conducted in Greater Bridgeport suggests that more state youth have caring adults in their lives than these percentages indicate. Specifically, 44% of Bridgeport 7th-12th graders scored positively on a scale of other adult relationships in 2000.(GBPY 2000)

Feeling that Neighbors Care

The majority of Connecticut youth have a perception that their neighbors care about each other. In 2000, 67% of 7th and 8th graders and 63% of 9th and 10th graders surveyed said that people in their neighborhoods look out for each other and 81% and 85%, respectively, reported feeling safe in their neighborhoods.(GPIY 2000) On the same survey, 94% of students in one affluent suburb but only 68% of those in one small city said they feel safe in their neighborhoods.(GPIY 2000)

Feeling that Community Values Youth

Youth living in communities that value and challenge youth are more likely to succeed than those living in neighborhoods where few opportunities are available for youth to participate or contribute. Most youth in Greater Bridgeport believe that there are high expectations placed on them (54%), while only 20% say that their communities value youth.(GBPY 2001) Unfortunately, no statewide data on this indicator are available.

Table 15.
Percent of Youth who Report Antisocial Behaviors by Peers, GPIY 2000

Grade	7-8	9-10
In the past year, one or more of my friends...		
Committed vandalism	17%	22%
Got in trouble with police	11%	13%
Got arrested	17%	28%
Carried a weapon	17%	20%
In general, a few or more of my close friends...		
Smoke cigarettes	38%	64%
Use alcohol	41%	75%
Use marijuana	24%	57%

Source: GPIY 2000

[1]Chapin Hall does not include Positive Peer Relationships as an outcome.

Positive Peer Relationships[1]-Antisocial Peers

Involvement in antisocial peer groups is an important risk factor for youth involvement in problem behaviors during adolescence, when peer influence on behavior increases and parental control and monitoring of youth decline. In 2000, many youth surveyed as part of the GPIY Initiative reported having close friends who engage in risky or problem behaviors (Table 15).(GPIY 2000)

On a separate survey conducted in 1996, 28% of Connecticut high school students reported that most or all of their friends drink alcohol or do drugs on a weekly basis or more often and 12% said they either were currently or had been involved in a gang.(VCY 1996)

Positive Peer Relationships[1]-Prosocial Peers

Like peer participation in antisocial behaviors, peer involvement in prosocial activities can have an important impact on youth behavior. Many Connecticut youth have friends who are involved in prosocial activities, according to the 2000 GPIY survey. Specifically, 53% of youth said that most or all of their friends participate in after-school activities, while only 12% said that most or all of their friends volunteer. (GPIY 2000) In Greater Bridgeport, 66% of students in grades 7 through 12 scored positively on a scale of positive peer influence in 2001.(GBPY 2001)

Social and Emotional Development: Emotional/Personal Development

Spirituality

Approximately one half of Connecticut youth reported attending weekly religious services in 2000.(GPIY 2000) Among 7th and 8th graders, 58% of students reported this activity, and among 9th and 10th graders, 51% reported this activity. By comparison 45% of 8th graders, 39% of 10th graders and 33% of 12th graders reported attending weekly religious services in a national survey the same year.(ChildTrends Data Bank—Monitoring the Future, 2000)

Self-Efficacy[1]

Self-efficacy is defined as the belief that people's own efforts impact their life outcomes, particularly their successes. Among youth, an important indicator of self-efficacy is the belief that an individual's own ability and effort determine their likelihood of academic success. A 2002 Waterbury survey revealed that 47% of middle school students reported that they believe the major reason for their success at school is their ability (WMS 2002). In Greater Bridgeport, a similar proportion of students, 43%, scored positively on a scale of personal power one year earlier (GBPY 2001). No statewide data on indicators of self-efficacy are available.

Future Orientation[1]

Few data on future orientation are available on a statewide level in Connecticut. On a 1996 survey, high school students were asked if they thought they would be successful in the work they choose. Of those students, 51% of 7th graders, 46% of 9th graders and 45% of 11th graders responded "it will happen." (VCY 1996) Data from surveys in Bridgeport, Waterbury and New Haven can be used as measures of future orientation on a local level. In Greater Bridgeport, 73% of 7th-12th grade students scored highly on a measure called "positive view of personal future" in 2001 (GBPY 2001). In Waterbury, 70% of middle school students said they were committed to working toward good futures for themselves in 2002, while in New Haven, 80% of youth in grades 6, 8 and 10 said that they expect to have a happy family life in 2001.(WMS 2002, SAHA 2000)

Arts, Dance and Music[2]/Hobbies

The majority of Connecticut youth take part regularly in creative activities, arts or hobbies. In New Haven, 72% of 6th, 8th and 10th graders reported taking part in the arts (music, arts, crafts, writing) a few times or more in the past year in 2000, marking a

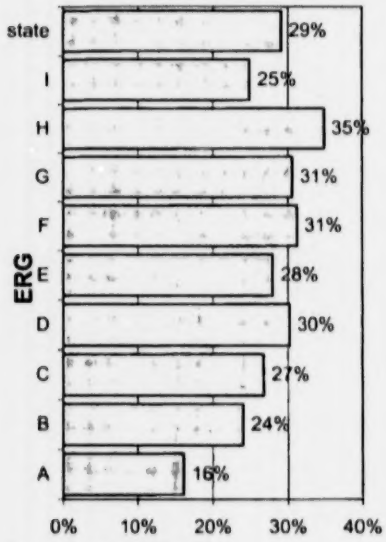
[1]Self-efficacy and Future Orientation are not outcomes identified by Chapin Hall.

[2]Arts, Dance and Music is grouped with Educational Achievement and Cognitive Attainment by Chapin Hall.

small but steady increase in youth arts involvement since 1994 (64%).(SAHA 1994-2000) On the other hand, only 20% of Greater Bridgeport youth in grades 7 through 12 reported being involved in creative activities in 2001 —the same proportion that reported this behavior in 1998.(GBPY 1998, 2001) Of note, students in one affluent town were almost 3 times more likely to participate in music programs than their counterparts in one small Connecticut city: 70% versus 28% among 7th and 8th grade students.(GPIY 2000)

Nationally, younger students are more likely than older ones to take part in school-based music or performing arts programs. According to a study conducted in 2000, 53% of 8th graders participate in these programs compared with 40% of 10th graders and 41% of 12th graders. Girls are more likely than boys to participate in the arts, by approximately 50% at each grade level. (ChildTrends Data Bank—Monitoring the Future 2000) A 2000 survey of Connecticut youth demonstrated a similar age-related decrease in involvement in the arts, with 48% of 7th and 8th graders reporting spending some time each week participating in music programs compared with only 33% of 9th and 10th grade students.(GPIY 2000)

Figure 14.
Juniors and Seniors Working more than 16 hrs/week 2001-2002



Source: SSP 2001-2002

Table 16.
Percent of Youth who are Out-of-School and Unemployed, 2000

	Percent of 16-19 Year Olds
CT	7%
Small city	10%
Affluent suburb	0%

Source: Census 2000

[1]America's Children 2003 is available online at http://www.childstats.gov/ac2003

[2]from, *June Jobless Rate Among America's Teens Highest in 55 Years*, Children's Defense Fund, June 13, 2003. http://www.childrensdefense.org/release030708.php)

Self Sufficiency: Work

Age-Appropriate Employment

After school and summer employment can offer youth opportunity to develop work-related experience, skills, and ethics. However, youth who spend too many hours at work (more than 16 hours per week) while in school can suffer from lower grades and may place themselves at risk of academic failure. The proportion of students who work at this level with juniors and seniors in high school ranges from a low of 16% in ERG A communities to a high of 35% in ERG H communities (Figure 14). According to the 2000 Census, 40% of Connecticut youth ages 16 to 19 years who are enrolled in school are also employed at some level.

Disconnectedness (out-of-school and unemployed)

Disconnectedness is one of the ten key indicators of youth well-being tracked by Kids Count each year. Disconnected youth are 16– to 19-year-olds who are neither enrolled in school, nor employed. Such youth "are detached from both of the core activities that usually occupy teenagers during this period," according to *America's Children 2003*.[1] In 2000, 7% of Connecticut youth ages 16 to 19 years, (approximately 12,000) were out-of-school and unemployed.(Census 2000) This rate ranged from a high of 20% in Hartford to a low of 0% in 30 Connecticut towns. In one small city, 10% of youth in this age group were out-of-school and unemployed, compared with 0% of youth in an affluent suburb (Table 16).

In addition to the geographic disparities in disconnectedness in Connecticut, there are also important racial and ethnic disparities. In 2000, 4% of white non-Hispanic youth were out-of-school and unemployed, compared with 13% of black youth (a more than threefold difference) and 18% of Hispanic youth (a more than fourfold difference).(calculated by CT Voices for Children from 2000 Census data).

Nationally, youth are facing a shrinking after school and summer job market. The Children's Defense Fund reports that youth unemployment is at its highest level in 55 years, and is rising among black and Hispanic youth. Hartford leads the nation with the highest rate (70.5%) of unemployed, out-of-school youth.[2]

Table 17.
Percent of students eligible for free and reduced-price meals by ERG Group, 2001-2002

ERG	Student Poverty Rate
A	2%
B	5%
C	4%
D	10%
E	8%
F	19%
G	17%
H	32%
I	63%
State	22%

Source: SSP 2001-2002

Family Environment: Family Socio-economic Status

Poverty

Poverty has serious consequences for youth. Research has shown that youth who grow up in poverty are more likely to be delinquent, to drop out of school, and to get pregnant--all behaviors that increase their likelihood of being poor as adults. The adverse impacts of student poverty in Connecticut include increased rates of high school dropout, violence and teen pregnancy, and reduced performance on the Connecticut Mastery Tests.

According to the 2000 Census, more than 10% of Connecticut's children and youth live in poverty.[1] Many Connecticut towns have child poverty rates below 2% (38 towns), while others have significantly higher rates ranging up to 41% in Hartford. Hartford's child poverty rate is the second highest in the nation among cities with a population greater than 100,000.[2]

Another measure of youth in poverty is the proportion of children who are eligible for free and reduced-price meals at school (also known as student poverty). Children who are eligible for this program live in families with incomes below 185% of the federal poverty level. Rates of student poverty in Connecticut's high schools range from 0% in Darien and Cheshire up to the 90% in Bridgeport and Waterbury. Student poverty rates also vary widely by ERG, increasing dramatically in the two poorest ERG groups (see Table 17).

[1]The federal poverty guideline for a family of 3 is $14,630 and for a family of 4 is $17,650 (2001).

[2]For an in-depth report on child poverty in Connecticut, see http://info.med.yale.edu/chldstdy/CTvoices/kidslink/kidslink2/reports/PDFs/ChildPovertyReport.PDF

Family Environment: Family Health and Safety

Family Violence-Child Abuse and Neglect

Child abuse and neglect has long-term physical, emotional and social effects on a child. Children who are abused are more likely than others to experience academic failure and take part in risky behaviors during adolescence, including delinquency, violence and substance use. The major indicators associated with child abuse are family economic stress, difficulties in handling parental responsibilities and parental substance abuse.

Nearly 12,000 young people were substantiated as abused or neglected in Connecticut in 2002, that is 14 out of every 1,000 children in the state. In 2001, 29% of Greater Bridgeport students in grades 7 through 12 —almost one third— reported being victims of physical abuse. However, this represents a decrease from the 34% who reported abuse three years earlier. (GBPY 1998, 2001)

When asked about abuse in their lives, nearly one in five students in the VCY survey reported that they had been physically or sexually abused. Specifically, almost one quarter (23%) of the girls reported that they had been abused, compared with 13% of the boys.(VCY 1996)

In an analysis of child abuse data from the VCY, Connecticut Voices for Children[1], found that:

- More than half of abused students reported physical abuse (54%), about a quarter reported sexual abuse (26%) and the rest reported both.
- Students who reported that they had been abused were much more likely to report problems in adolescence.

Compared with other students, those who reported a history of child abuse were:

- 2 times more likely to get into fights;
- 2 times more likely to get into trouble with the police;
- 2 times more likely to damage someone else's property;
- 2 times more likely to skip school without an excuse;
- 2 times more likely to be a below-average student;
- 3 times more likely to be/have been a member of a gang;
- 3 times more likely to use hard drugs;
- 5 times more likely to carry weapons; and
- 6 times more likely to have attempted suicide.

[1]For more information about this analysis, see the Connecticut's Promise report on Child Health, at http://info.med.yale.edu/childstdy/Ctvoices/kidslink/kidslink2/promise/special3.html.

Importantly, not all abused youth report engaging in problem behavior. This same analysis revealed specific protective factors that were associated with "resilience" in abused youth:

- Being female: 38% of abused girls had not been involved in problem behaviors compared with only 16% of abused boys.
- Talking with someone about the abuse and believing that this made a difference.
- Having a strong relationship with parents or other adults.
- Feeling connected to their school.
- Being religious.

Family Violence-Domestic Violence

In 1996, 12% of Connecticut high school students reported that they were worried about violence in their homes.(VCY 1996) In 2001, the Connecticut Department of Public Safety reported nearly 21,000 incidents of family violence. Children and youth were directly involved in 3,944 of these incidents (19%) and were witnesses in 5,002 (24%). (*Annual Family Violence Report, 2001,* Connecticut Department of Public Safety, Division of State Police)

Family use of Alcohol/Illicit Drugs

Approximately one third of Connecticut teens live in families where at least one parent or guardian smokes cigarettes (33% of 7th and 8th graders and 35% of 9th and 10th graders). More than half know that their parent or guardian drinks alcohol (57% of 7th and 8th graders and 63% of 9th and 10th graders). Some teens are also aware of marijuana and drug use by their family members. In 2000, 9% of 7th and 8th graders and 13% said that someone in their family (besides themselves) uses marijuana and 5% and 7%, respectively, said someone in their family uses other illegal drugs.(GPIY 2000) On a separate survey in 1996, 15% of high school students said that they worry about drinking and drugs in their homes.(VCY 1996)

Community/School Environment: Strengths

Positive Adult Behavior Contributing to Strong Communities-Caring School Climate[1]

One indicator of a caring school climate is school safety. More than three quarters (76-78%) of 7th-10th grade students in GPIY towns say they feel safe at their schools, according to a 2000 survey. Student perceptions of school safety varied by town, with 92% of 7th and 8th graders in one affluent suburb saying they feel safe at school compared with only 61% of students in one small city. In Waterbury, less than two thirds of students said they felt safe at school: 57% of students involved in after-school programs and 61% of middle school students said they feel safe at school in two separate surveys conducted in 2000 and 2002, respectively.(WAS 2000, WMS 2002) On a separate survey, only 30% of Greater Bridgeport students in grades 7 through 12 scored positively on a composite scale of caring school climate in 2001.(GBPY 2001)

Positive Adult Behavior Contributing to Strong Communities-Voting

The percent of registered voters who vote in general elections is a well-accepted indicator of community organization/ disorganization. Between 1992 and 1998, this percentage of registered voters who actually voted in elections dropped by a third in Connecticut, from 84% to only 57%. While this indicator varies widely among communities in the state, there is no obvious trend in this variance between the state's largest cities and its more affluent communities.(DHMAS, State of CT Social Indicator Data)

[1] Chapin Hall does not include Caring School Climate as an indicator of Positive Adult Behavior Contributing to Strong Communities.

Table 18.
Student Perceptions of Availability of Alcohol, Cigarettes, Marijuana and Guns,
GPIY 2000

Grade	7-8	9-10
Easy/sort of easy to get alcohol		
CT	52%	78%
Small city	45%	79%
Affluent suburb	62%	90%
Easy/sort of easy to get cigarettes		
CT	42%	73%
Small city	48%	75%
Affluent suburb	35%	79%
Easy/sort of easy to get marijuana		
CT	21%	58%
Small city	26%	55%
Affluent suburb	12%	61%
Easy/sort of easy to get a gun		
CT	15%	22%
Small city	12%	23%
Affluent suburb	9%	15%

Source: GPIY 2000

[1]Note: Chapin Hall does not include "Availability of Weapons" as an indicator of Community/School Environment: Deficits.

Community/School Environment: Deficits

Community Crime

In CT, as throughout the nation, population arrest rates for index crimes (murder, rape, robbery, aggravated assault, burglary, larceny and motor vehicle theft) have dropped substantially in the past decade. Between 1990 and 1999, the combined arrest rate for these crimes declined from 5,387 per 100,000 population to 3,383 per 100,000 population—a 37% decrease.(Connecticut Department of Public Safety, Uniform Crime Reports 1999)

Availability of Illicit Drugs, Alcohol, and Tobacco in the Community

Many Connecticut youth believe that cigarettes, alcohol and other drugs are easily available in their communities (Table 18). Of GPIY students surveyed in 2000, 53% of 7th and 8th graders said they thought it would be sort of or very easy to get alcohol if they wanted it. That same year, 42% of 7th and 8th graders and 73% of 9th and 10th graders said it would be sort of or very easy to get cigarettes and 21% and 58% of these groups, respectively, said it would be sort of or very easy to get marijuana. Overall, youth living in affluent suburbs appear to think they have greater access to drugs, alcohol and cigarettes than do youth living in Connecticut cities.(GPIY 2000)

Many Connecticut youth worry about the drugs and alcohol in their communities and have seen drug deals in or near their neighborhoods. In 1996, 23% of 7th graders, 22% of 9th graders and 18% of 11th graders said that they worry about the drugs and alcohol in their neighborhoods. Importantly, one third of 7th graders and more than half of the 9th and 11th graders in the survey said they had seen a drug deal in or near their neighborhood in the past year.(VCY 1996) In 2000, 17% of 7th and 8th graders and 22% of 9th and 10th graders said that a lot of drugs are sold in their neighborhoods.(GPIY 2000)

Availability of Weapons[1]

Many Connecticut students believe that weapons are readily available to them (Table 18). In 2000, 15% of 7th and 8th graders and 22% of 9th and 10th graders said that it would be sort of or very easy for them to get a gun. In addition, 14% and 10% of youth in these grades, respectively, said a lot of people in their neighborhoods carry guns or other weapons. Urban youth appear to believe they have greater access to guns than do teens living in affluent suburbs.(GPIY 2000)

Conclusions

These data depict two distinct pictures of Connecticut youth. One is an overall picture in which youth are faring at least as well as, and sometimes better than, their counterparts in the rest of the US. The other picture is less promising, highlighting a significant proportion of Connecticut youth who live amongst numerous challenges, including poverty, have few assets and are exposed to important social risks. This report also highlights an important limitation in benchmarking for youth in Connecticut—a lack of data. Multiple surveys are cited in this report. These surveys used different methodologies in different years, making cross-state and national comparisons difficult and unreliable. Critical gaps in knowledge about the state's youth remain, particularly with respect to protective factors and youth assets.

The most recent, comprehensive survey of Connecticut youth that included both risk and protective factors was the 1997 Connecticut Substance Abuse Prevention Needs Assessment. Without more recent, longitudinal, data on Connecticut youth, it is impossible to determine the effectiveness of statewide efforts at promoting positive youth development, building assets and preventing important social risks. While a new administration of the YRBS survey is ongoing, this survey includes few of the positive youth development outcomes recommended by experts and highlighted in the Appendices to this report.

The lack of complete and reliable data on Connecticut youth presents a challenge to policy makers, funders and program directors, who must base their priorities on outdated and perhaps inaccurate information. This report demonstrates the importance of collecting and summarizing data on the state's youth. The challenge to Connecticut is now to collect these data in a comprehensive, routine manner that is accessible and pertinent to all those in the state making decisions that affect our youth. We hope this report will open a dialogue about how to approach this challenge and will stimulate state involvement in the Child Trends/Chapin Hall youth outcomes initiative. We plan to continue to contribute to this dialogue in Connecticut through future reports on measuring youth outcomes, including a primer for communities.

Appendix A. Student Survey Methods

Governor's Prevention Initiative for Youth (GPIY) Survey

The Governor's Prevention Initiative for Youth (GPIY) survey was administered to a sample of students in 24 Connecticut towns in the Spring of 2000. A total of 9,130 students in 7th -10th grades statewide completed the questionnaire. The survey was also administered in 1997 to a statewide representative sample of 16,000 youth. Therefore, the 1997 GPIY survey results are considered to be a reliable indicator of youth behaviors and beliefs statewide, while the 2000 survey results are less representative of youth in the state as a whole.

The survey objectives were to estimate the prevalence of alcohol, tobacco and other drug use among students and to measure the risk and protective factors for substance use in the student population. It contains questions about risk and protective factors in 5 domains: Individual, Peer, Family, School and Community. The guiding theoretical framework of the survey is the risk and protective factor model of substance use (Hawkins, Catalano and Miller, 1992), which is based on research that shows that substance use by adolescents can be predicted by a variety of risk and protective factors. The survey has the advantage of having been administered twice, once in 1997 and again in 2000. However, although the 1997 administration of this survey is believed to be generalizable on a state level, the 2000 administration is not because a random sample was not utilized.

Greater Bridgeport Profiles of Youth

In 2002, 2,970 (16% sample) youth in the Greater Bridgeport area (Bridgeport, Fairfield, Monroe, Stratford and Trumbull) were surveyed by RYASAP using the *Search Institute Profiles of Student Life: Attitudes and Behaviors* survey. Search Institute has identified 40 developmental assets that have a positive influence on young people's lives and choices. The survey provides a portrait of the developmental assets, thriving indicators, deficits, and risk behaviors of 6th- to 12th-grade youth. For more information about the survey instrument, including scales, please contact the Search Institute at:
1-800-888-7828
si@search-institute.org
http://www.search-institute.org

Voice of Connecticut Youth

The Voice of Connecticut Youth (VCY) is a statewide representative survey of 12,000 Connecticut youth conducted in

1996. The survey was administered to 7th, 9th and 11th grade students in all ERG groups. The survey, designed by researchers at the National Adolescent Health Resource Center at the University of Minnesota, included questions about students' health, risky behaviors, career and educational aspirations, fears and protective influences.

New Haven Social and Health Assessment

The Social and Health Assessment (SAHA), commissioned by the New Haven Public Schools in conjunction with the Yale Child Study Center, is a survey administered every two years to more than 2,000 New Haven public school students in the 6th, 8th and 10th grade. The first survey was conducted in 1992. The purpose of SAHA is to examine attitudes, activities and behaviors affecting the social health of adolescents in New Haven, particularly those that promote or detract from personal and academic success. These indicators include: attitudes toward school, attitudes toward the future, attitudes toward racial diversity, alcohol and drug use, participation in high-risk sexual activities, sense of safety and exposure to violence.

Waterbury Middle School and After School Survey

As part of the Safe Schools/Healthy Students Initiative, a survey was administered to Waterbury youth participating in 28 after-school programs in November and December of 2000. There were 451 youth who participated in the survey. The survey instrument was designed by researchers at the Yale Child Study Center. In addition, a survey was given to middle and high school students in April, 2002. The survey was based on the "Learning and Developmental Inventory" at the Yale Child Study Center.

Youth Risk Behavior Survey (YRBS)

The Youth Risk Behavior Survey (YRBS) is a survey designed by the Centers for Disease Control (National Center for Chronic Disease Prevention and Health Promotion) to assess health risk behaviors among high school students. Its goals are to: determine the prevalence and age of initiation of health risk behaviors, assess trends in health risk behaviors, examine the co-occurrence of health risk behaviors among young people, provide comparable national, state, and local data, and monitor progress toward achieving the *Healthy People 2010* objectives, leading health indicators, and the National Education Goals.

Before the 1990s, little was known about the prevalence of behaviors practiced by young people that put their health at risk. The Youth Risk Behavior Surveillance System (YRBSS) provides

such information. Developed by CDC in collaboration with federal, state, and private-sector partners, this voluntary system includes a national survey and surveys conducted by state and local education and health agencies. The YRBS provides vital information on risk behaviors among young people to more effectively target and improve health programs.

Connecticut participated in the YRBS in 1997 and 1999, but not during the most recent administration of the survey, in 2001. The 1997 data are believed to be representative of the state as a whole, but the 1999 data are not. At the time of the printing of this report, the 2003 YRBS is underway in Connecticut. This survey has the important advantage of being nationwide, thereby allowing for interstate and national comparisons. While this survey has little emphasis on indicators of positive youth development, it is expected to provide the first representative data on youth behaviors in Connecticut in six years.

Appendix B. Positive Youth Development Outcomes: Expert Models

Child Trends/Chapin Hall

From Youth Development Outcomes Compendium, Child Trends, 2002 rev. http://www.childtrends.org/PDF/Compendium_Phase1_Intro.pdf

Educational Achievement and Cognitive Attainment

- Achievement
  - Educational attainment
  - Repetition
- Education Related Skills
  - Basic cognitive skills
  - Higher-order thinking skills
  - Good study skills—executive functioning
  - Data collection and analysis skills
  - Oral communication skills*
  - Language skills
  - Technology skills
  - Arts, dance, music
- Motivation, Approach to Learning
  - Achievement motivation
  - Intellectual/academic self-concept
  - Curiosity*
  - School engagement

Health and Safety

- Risky Behavior
  - Drugs/alcohol
  - Sexual behavior
  - Violence
  - Accidents and injuries
  - Good safety habits
- Health
  - Good health and health habits
- Mental Health
  - Good mental health

Social and Emotional Development

- Social/community relationships
  - Civic engagement
  - Leadership
  - Positive parent-child relationships
  - Positive relationship with an(other) adult
  - Positive peer relationships*
  - Friendship skills*
  - Behavior problems
  - Risk resistance skills*
  - Cultural sensitivity

- Caring and compassion
- Age-appropriate cross-sex relationships
- Civility
- Positive environmental behaviors*

- Emotional/Personal Development
  - Productive use of non-school time
  - Intimacy*
  - Trust*
  - Adaptable, flexible*
  - Emotional coping skills*
  - Spirituality
  - Motivated to do well*
  - Character
  - Sense of personal identity, mattering
  - Realistic goals and awareness of goals and steps to achieve goals
  - Initiative*
  - Flourishing*
  - Positive risk-taking*
  - Entrepreneurial activity*

Self-Sufficiency

- Work
  - Employment
  - Age appropriate employment*
  - Disconnectedness
  - Work ethic

Family Environment

- Household structure
- Family socio-economic status
- Family health and safety
- Housing and food insecurity

Community/School Environment

- Strengths
  - Community economic and geographic stability
  - Community safety
  - Positive adult behaviors contributing to strong communities
  - Effective services
- Deficits
  - Community crime
  - Availability of illicit drugs, alcohol, and tobacco in the community
  - Negative adult behaviors

*These indicators are still under development by Chapin Hall and Child Trends scientists.

Hawkins and Catalano: Predictors of Youth Violence
From, Predictors of Youth Violence, Juvenile Justice Bulletin, April 2000 www.ncjrs.org/html/ojjdp/jjbul2000_04_5/contents.html
Listed in order of strength of association

Predictors at Ages 6-11 years
General offenses
Substance use
Gender (male)
Family socioeconomic status
Antisocial parents
Aggression
Ethnicity
Psychological condition
Parent-child relations
Social ties
Problem behavior
School attitude/performance
Medical/physical characteristics
IQ
Other family characteristics
Broken home
Abusive parents
Antisocial peers

Predictors at Ages 12-14 years
Social ties
Antisocial peers
General offenses
Aggression
School attitude/performance
Psychological condition
Parent-child relations
Gender (male)
Physical violence
Antisocial parents
Person crimes
Problem behavior
IQ
Broken home
Family socioeconomic status
Abusive parents
Other family characteristics
Substance abuse
Ethnicity

Hawkins and Catalano: Risk and Protective Factors for Alcohol and Other Drug Problems

From, Hawkins, Catalano and Miller. American Psychological Association Psychological Bulletin, 1992:112, 64-105.
www.msu.edu/~luster/resilience/hawkins.PDF

Contextual factors

1. Laws and norms favorable toward behavior
2. Availability of drugs
3. Extreme economic deprivation
4. Neighborhood disorganization

Individual and Interpersonal Factors

5. Physiological factors
6. Family alcohol and drug behavior and attitudes
7. Poor and inconsistent family management practices
8. Family conflict
9. Low bonding to family
10. Early and persistent problem behaviors
11. Academic failure
12. Low degree of commitment to school
13. Peer rejection in elementary grades
14. Association with drug-using peers
15. Alienation and rebelliousness
16. Attitudes favorable to drug use
17. Early onset of drug use

National Research Council and Institute of Medicine Personal and Social Assets that Facilitate Positive Youth Development

From Community Programs to Promote Youth Development, National Research Council and Institute of Medicine, 2002
www.nap.edu/books/0309072751/html/

Physical Development

- Good health habits
- Good health risk management skills

Intellectual development

- Knowledge of essential life skills
- Knowledge of essential vocational skills
- School success
- Rational habits of mind—critical thinking and reasoning skills
- In-depth knowledge of more than one culture
- Good decision-making skills
- Knowledge of skills needed to navigate through multiple cultural contexts

Psychological and emotional development

- Good mental health including positive self-regard
- Good emotional self-regulation skills
- Good coping skills
- Good conflict resolution skills
- Mastery motivation and positive achievement motivation
- Confidence in one's personal efficacy
- "Planfulness"—planning for the future and future life events
- Sense of personal autonomy/responsibility for self
- Optimism coupled with realism
- Coherent and positive personal and social identity
- Prosocial and culturally sensitive values
- Spirituality or a sense of a "larger" purpose in life
- Strong moral character
- A commitment to good use of time

Social development

- Connectedness—perceived good relationships and trust with parents, peers, and some other adults
- Sense of social place/integration—being connected and valued by larger social networks
- Attachment to prosocial/conventional institutions, such as school, church, nonschool youth programs
- Ability to navigate in multiple cultural contexts
- Commitment to civic engagement

Search Institute's 40 Developmental Assets for Adolescents
From 40 Developmental Assets, Search Institute
http://www.search-institute.org/assets/forty.htm

External Assets

Support

1. Family support
2. Positive family communication
3. Other adult relationships
4. Caring neighborhood
5. Caring school climate
6. Parent involvement in schooling

Empowerment

7. Community values youth
8. Youth as resources
9. Service to others
10. Safety

Boundaries and Expectations

11. Family boundaries
12. School boundaries
13. Neighborhood boundaries
14. Adult role models
15. Positive peer influence
16. High expectations

Constructive Use of Time

17. Creative activities
18. Youth programs
19. Religious community
20. Time at home

Internal Assets

Commitment to Learning

21. Achievement motivation
22. School engagement
23. Homework
24. Bonding to school
25. Reading for pleasure

Positive Values

26. Caring
27. Equality and social justice
28. Integrity
29. Honesty
30. Responsibility
31. Restraint

Social Competencies

32. Planning and decision making
33. Interpersonal competence
34. Cultural competence

35. Resistance skills
36. Peaceful conflict resolution

Positive Identity

37. Personal power
38. Self-esteem
39. Sense of purpose
40. Positive view of personal future

Resources

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